

# Child's Registration Form



Child's Name

Date of Birth

Sex M/F

Religion

Ethnic Origin

Childs' first Language

Disabilities Y/N

Access requirements

Address

Post code

Telephone number ( HOME)

(MOBILE)

## Medical information

Important medical information ( e g allergies)

Immunisation details

History of Illnesses

Name of Child's Doctor

Address

Telephone number

Name of Child's health Visitor

Special dietary requirements

**Should my child become ill or have an accident at pre-school/Baby room I understand that every effort will be made to contact me or the emergency contact numbers recorded on this Registration form. In the event that I / emergency contacts are unobtainable I give my permission for the pre-school to act on my behalf in my child's best interest and to seek professional medical advice and for the medical profession to treat if necessary**

Signed Parent/Carer \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Staff initials \_\_\_\_\_

**I understand that any carer who suspects that a child in his/her care may have been abused or neglected has a duty to report this to Children's Services**

Signed Parent/Carer \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Staff initials \_\_\_\_\_

**Please sign to give us permission to observe your child and keep assessment records on your child whilst in our care**

Signed Parent/Carer \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_ staff initial -----

**From time to time we may be asked to share this information with a third party**

**I agree / I disagree** Signed Parent/Carer \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_ Staff initial \_\_\_\_\_

Child's preferred name

Name of Parent(s)/Carer(s)

Name of Person (s) holding parental responsibility

Home address

Telephone number

Work Address

Telephone number

**In an emergency please contact**

Name	Relation to child	Contact Number
		Home: Mobile:
		Home: Mobile:
		Home: Mobile:

**People authorised to pick up my child**

Name	Relation to child	Contact Number
		Home: Mobile:
		Home: Mobile:
		Home: Mobile:

**Toilet Requirements**

Nappies Yes / No                      Toilet Training Yes/ No                      Requires a potty Yes / No

**Infant school you wish your child to attend**

**Photography**

I hereby consent for any photographs/ Videos of my child to be used by the Pre-School for legitimate educational purposes only.

Signed Parent/Carer \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_  
Staff initials \_\_\_\_\_ **website Yes/No**

**Email address :**

**Start date** \_\_\_\_\_ **Birth certificate seen** \_\_\_\_\_ **Key-Person** \_\_\_\_\_